

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

GOPAC ELECTION FUND

ADDRESS (number and street) ▼

2300 CLARENDON BLVD

STE. 1305

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00559740

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2014

through

M M M / D D D / Y Y Y Y Y Y
08 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer WILLIAM JOHNSON

Signature of Treasurer

WILLIAM JOHNSON

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GOPAC ELECTION FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y 08 / 01 / 2014 To: M M / D D / Y Y Y Y Y 08 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	12684.03	
(c) Total Receipts (from Line 19)	81067.00	150568.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	93751.03	150568.00
7. Total Disbursements (from Line 31)	78273.33	135090.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15477.70	15477.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

GOPAC ELECTION FUND

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
08	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
08	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2325.00

5100.00

(ii) Unitemized

7742.00

69763.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

10067.00

74863.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

10067.00

74863.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

71000.00

75705.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

81067.00

150568.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

81067.00

150568.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	903.33	5544.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	903.33	5544.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	29600.00
24. Independent Expenditures (use Schedule E)	34870.00	38445.85
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	42500.00	61500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	78273.33	135090.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78273.33	135090.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10067.00	74863.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10067.00	74863.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	903.33	5544.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	903.33	5544.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GOPAC ELECTION FUND

Full Name (Last, First, Middle Initial)

A. Mr. Robert J. Brown

Mailing Address 2164 Highgate Road

City

Westlake Village

State

CA

Zip Code

91361

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Corndyn Group, Inc.

Occupation

I.T. Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 04 / 2014

Transaction ID : SA11AI.7728

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Mrs. Norma T. Dana

Mailing Address 550 Park Avenue

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 21 / 2014

Transaction ID : SA11AI.8115

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Mr. Jon Gamboa

Mailing Address 5507 Hallowell Avenue

City

Arcadia

State

CA

Zip Code

91007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Glendale Adventist Medical Center

Occupation

Registered Nurse

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2014

Transaction ID : SA11AI.7874

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GOPAC ELECTION FUND

Full Name (Last, First, Middle Initial)

A. Mr. Verdell A. Johnson

Mailing Address P.O. Box 233

City

Cleghorn

State

IA

Zip Code

51014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 12 / 2014

Transaction ID : SA11AI.7948

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Mr. Terrence Kenney

Mailing Address 13002 Timber Trail

City

Palos Heights

State

IL

Zip Code

60463

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 12 / 2014

Transaction ID : SA11AI.7962

Amount of Each Receipt this Period

125.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Mrs. Steve Mafrige

Mailing Address 411 Fannin Street
Suite 300

City

Houston

State

TX

Zip Code

77002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 12 / 2014

Transaction ID : SA11AI.7987

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

GOPAC ELECTION FUND

Full Name (Last, First, Middle Initial)

A. Mr. Norman Metcalfe

Mailing Address 2007 Bayadere Terrace

City State Zip Code
 Corona Del Mar CA 92625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Information Requested

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 19 / 2014

Transaction ID : SA11AI.8105

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Mr. Thomas E. Reilly Jr.

Mailing Address 8877 Pickwick Drive

City State Zip Code
 Indianapolis IN 46260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Retired

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2014

Transaction ID : SA11AI.8079

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MRS. NANCY ROTH

Mailing Address 8545 CARMEL VALLEY ROAD

City State Zip Code
 CARMEL CA 93923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Retired

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 12 / 2014

Transaction ID : SA11AI.8019

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

GOPAC ELECTION FUND

Full Name (Last, First, Middle Initial)

A. Mr. John Smith

Mailing Address 2809 San Ramon Drive

City State Zip Code
 Rancho Palos Verdes CA 90275

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 12 2014

Transaction ID : SA11AI.8010

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Mr. James Spence

Mailing Address 3 Bell House Cove

City State Zip Code
 Greensboro NC 27455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 12 2014

Transaction ID : SA11AI.7909

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

2325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 17
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

GOPAC ELECTION FUND

Full Name (Last, First, Middle Initial)

A. GOPAC

Mailing Address 2300 CLARENDON BLVD
STE 1305

City State Zip Code
ARLINGTON VA 22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA17.7708

Amount of Each Receipt this Period

36000.00

OTHER FEDERAL RECEIPT

Full Name (Last, First, Middle Initial)

B. GOPAC

Mailing Address 2300 CLARENDON BLVD
STE 1305

City State Zip Code
ARLINGTON VA 22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2014

Transaction ID : SA17.7709

Amount of Each Receipt this Period

35000.00

OTHER FEDERAL RECEIPT

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

71000.00

71000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

GOPAC ELECTION FUND

A. INTUIT

Category/
Type

211.98

State: District:

B. MERCHANT E-SOLUTIONS

MM / DD / YYYY

Category/
Type

367.59

State: District:

C.

Category/
Type

State: District:

579.57

579.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GOPAC ELECTION FUND

Full Name (Last, First, Middle Initial)

A. BEN CHAFIN FOR VIRGINIA SENATE

Mailing Address PO BOX 1210

City
LEBANONState
VAZip Code
24266Purpose of Disbursement
NON-FEDERAL DISBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Transaction ID : SB29.7678

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT ANDY NUNEZ

Mailing Address PO BOX 746

City
HATCHState
NMZip Code
87937Purpose of Disbursement
NON-FEDERAL DISBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SB29.7690

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT CONRAD JAMES

Mailing Address 12020 BAJA DRIVE NE

City
ALBUQUERQUEState
NMZip Code
87111Purpose of Disbursement
NON-FEDERAL DISBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SB29.7692

Amount of Each Disbursement this Period

1200.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4700.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GOPAC ELECTION FUND

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT GEOFF RODGERS

Mailing Address PO BOX 1568

City	State	Zip Code
LOS ALAMOS	NM	87544

Purpose of Disbursement
NON-FEDERAL DISBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SB29.7702

Amount of Each Disbursement this Period

3200.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT KELLY FAJARDO

Mailing Address 1125 N. MOLINA

City	State	Zip Code
BELEN	NM	87002

Purpose of Disbursement
NON-FEDERAL DISBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SB29.7698

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT SARAH MAESTAS BARNES

Mailing Address PO BOX 10154

City	State	Zip Code
ALBUQUERQUE	NM	87184

Purpose of Disbursement
NON-FEDERAL DISBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SB29.7706

Amount of Each Disbursement this Period

2200.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6600.00

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	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

GOPAC ELECTION FUND

A. COMMITTEE TO ELECT SHARON CLAHCHISCHILLIAGE

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the digits. The first display shows '08' with two squares above the '0' and two above the '8'. The second display shows '20' with one square above the '2' and one above the '0'. The third display shows '2014' with one square above each digit.

Transaction ID : SB29.7694

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

1000.00

B. COMMITTEE TO ELECT TERRY MCMILLAN

Date of Disbursement

08 / 20 / 2014

Transaction ID : SB29.7696

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

1200.00

C. FRIENDS OF BRYCE REEVES

Date of Disbursement

Transaction ID : SB29.7680

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....

7200.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GOPAC ELECTION FUND

Full Name (Last, First, Middle Initial)

A. HERITAGE NM PAC

Mailing Address 1100 TIJERAS ST NW

City	State	Zip Code
ALBUQUERQUE	NM	87102

Purpose of Disbursement
NON-FEDERAL DISBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

Transaction ID : SB29.7686

Amount of Each Disbursement this Period

5200.00

Full Name (Last, First, Middle Initial)

B. NM FORWARD

Mailing Address 1100 TIJERAS ST NW

City	State	Zip Code
ALBUQUERQUE	NM	87102

Purpose of Disbursement
NON-FEDERAL DISBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

Transaction ID : SB29.7688

Amount of Each Disbursement this Period

5200.00

Full Name (Last, First, Middle Initial)

C. NM FUTURE PAC

Mailing Address 1100 TIJERAS ST NW

City	State	Zip Code
ALBUQUERQUE	NM	87102

Purpose of Disbursement
NON-FEDERAL DISBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

Transaction ID : SB29.7682

Amount of Each Disbursement this Period

5200.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15600.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

GOPAC ELECTION FUND

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR PAUL

Mailing Address PO BOX 25022

City	State	Zip Code
ALBUQUERQUE	NM	87124

Purpose of Disbursement
NON-FEDERAL DISBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SB29.7700

Amount of Each Disbursement this Period

2200.00

Full Name (Last, First, Middle Initial)

B. REPUBLICAN LEADERSHIP PAC

Mailing Address 1100 TIJERAS ST NW

City	State	Zip Code
ALBUQUERQUE	NM	87102

Purpose of Disbursement
NON-FEDERAL DISBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SB29.7684

Amount of Each Disbursement this Period

5200.00

Full Name (Last, First, Middle Initial)

C. RICK LITTLE CAMPAIGN

Mailing Address 305 MESILLA VIEW

City	State	Zip Code
CHAPARRAL	NM	88081

Purpose of Disbursement
NON-FEDERAL DISBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : SB29.7704

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8400.00

42500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GOPAC ELECTION FUND		FEC IDENTIFICATION NUMBER ▼ C C00559740	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	
Full Name of Payee BRABENDER COX LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 17 / 2014	
Mailing Address 1218 GRANDVIEW AVENUE		Amount 34870.00	
City PITTSBURGH	State PA	Zip Code 15211	Transaction ID : SE.6474
Purpose of Expenditure MEDIA	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 08 / 15 / 2014
Name of Federal Candidate MARILINDA GARCIA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/Type		MM / DD / YYYY
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34870.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		34870.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
WILLIAM JOHNSON _____ Signature		[Electronically Filed] Date MM / DD / YYYY 09 / 20 / 2014	